## 2000 UNIFORM BUSINESS REPORT (UBR)

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URE AND TYPED OR PRINTED NAM

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED Mar 24, 2000 8:00 am Secretary of State **DOCUMENT # N46030** 1. Entity Name MEN'S BASEBALL ASSOCIATION OF PALM BEACH COUNTY. 03-24-2000 90069 012 \*\*\*\*61.25 Principal Place of Business Mailing Address 1542 MAYPOP RD 1542 MAYPOP RD WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415-5539 2. Principal Place of Business 3. Malling Address SAM 6 PALM BCH. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0299456 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent /Hanso Kobeilio Street Address (P.O. Box Number is Not Acceptable) EDMISTON, ROBERT J 1801 STONEHAVEN DRIVE **BOYNTON BEACH FL 33462** Zin Code City FI 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. PATRICK Moraney 2675 CAMBRIGE REI ANTHOR, KI 33462 10. Delete ☐ Change TITLE TITLE PAYNE, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 5560 GOLDEN EAGLE CIRCLE CITY-ST-ZIP CITY-ST-ZIP P.B. GARDENS FL 33418 Addition **X** Delete TIT! F Change TITLE WILBUR THOMPSON 1490 SO MILITARYTHAIL HT **MOLINAROS CARLOS** NAME NAME STREET ADDRESS STREET AODRESS 2317 N CONGRESS AVE APT 31 WEST PARM BEACH FZ-33415 CITY-ST-ZIP CJTY-ST-ZIÉ **BOYNTON BEACH FL 33436** RICHARD GRAGG ☐ Change X Addition TITLE □ Delete TITLE NAME ALONSO, ROBERT NAME 232-DAVIS RD. STREET ADDRESS 1542 MAYPOP ROAD STREET ADDRESS PALM SORINGS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33415 ☐ Change ■ Addition ☐ Delete TITLE SD TITLE RANDALL, JIM NAME NAME STREET ADDRESS 6595 MASSACHUSETTS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33466 ☐ Change ■ Addition TITLE □ Delete TITLE EDMISTON, BOB NAME NAME STREET ADDRESS STREET ADDRESS 1801 STONEHAVEN DR. CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Change ☐ Addition 🔼 Delete TITLE TITLE EATON, CRAIG NAME STREET ADDRESS 3307 BALUSROL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or sup of the corporation or the recei

Daytime Phone #